

HR 840 (HEARTH Act) – *Homeless Emergency Assistance and Rapid Transition to Housing Act of 2007*

I appreciate the opportunity to be here today in support of the HEARTH Act on behalf of people who experience homelessness and the Continuum of Care in the Northern Kentucky area. I am Linda Young, Executive Director of Welcome House of No. KY. The agency has been serving the homeless and at risk population for 25 years providing a continuum of services ranging from outreach to people on the streets, a food pantry, emergency shelter, payee and other financial services, case management and employment services, and service enriched housing for families whose goal is self-sufficiency. We served 9,700 people in 2006. 99% had incomes under \$10,000; approximately 35% had a significant mental illness or mental health issue; 40% had a chemical dependency issue, 45% were homeless because of domestic violence and most were poorly educated. The fastest growing segment of the homeless population we serve is families – 40%. We are in an urban setting that is part of the Greater Cincinnati metropolitan area.

The economic realities of a minimum wage job that doesn't lift a family out of the poverty level, rising housing and utility costs, a drop in the manufacturing sector and rise in the service sector with lower paying jobs for unskilled/semiskilled workers have huge costs. The demand for shelter has increased; however, the people residing in shelters are just the tip of the iceberg. The condition of homelessness is for the most part hidden. There is a significant number of families living doubled up with family and friends because their earnings do not cover basic household expenses. Moving frequently makes it difficult to keep a job and children miss enough schooling to prevent them from getting an education – the very thing that

gives them a chance to find a way out of poverty and at risk of being homeless. These families do not meet the current definition of homeless therefore are not eligible for our services until they go into a shelter or are on the street.

More recently priorities have shifted to the “chronic” homelessness initiative and in the future less emphasis and funding for the renewal of supportive services grants for the homeless.

HUD defines a chronically homeless person as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four (4) episodes of homelessness in the past three (3) years.” To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

By prioritizing funds to this specific population as defined is very limited and diverts funds away from homeless families. The Continuum of Care has been built on an integrated approach of housing and services inclusive of people who are chronically homeless. In our region we work together to provide a comprehensive holistic approach to meeting a range of needs of homeless people in our community. Housing developers using HUD funds, public housing and private landlords have learned to rely on the support services to stabilize individuals and families who are homeless. Case management is often a condition for which housing is accessed by people with poor rental histories and/or who have disabilities and challenges to maintaining stability. A reduction in these services will have a devastating impact. A basic understanding of the Continuum of Care process is that homelessness is not caused merely by a lack of shelter, but

involves a variety of underlying, unmet needs. Housing alone will not address the issues of homelessness.

From the perspective of the director of a relatively small agency that provides services for the homeless, I can tell you that one of my biggest concerns is the number of children we are serving. In 2006, 39% of the people served at Welcome House were children; over half under 5 years of age - and two of our programs serve primarily singles without children. If we are truly interested in ending homelessness, it will take a concerted effort on many focused fronts - not concentrating on one group at the expense of others.

I have been an active participant in the Continuum of Care system in the Northern Kentucky area for over 12 years. The Continuum of Care has included faith based organizations, businesses, government, service providers, landlords, professionals, advocates and people who have been homeless. Over time we have built a comprehensive approach to planning, organizing, evaluating, and advocating. Because we must make the most of the resources in our community, we have learned to be innovative and work together more effectively and efficiently through this process. The Homeless Assistance grants have provided critical resources for emergency shelter, transitional housing, supportive housing and supportive services. Ours as well as Continuum of Cares across the country are functioning as HUD intended - A continuum of care system designed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system to address those needs. The approach is predicated on the understanding that homelessness involves a variety of underlying, unmet physical, economic, and social needs.

Each Continuum of Care community is unique. Urban, suburban and rural communities in various geographic locations have much different needs, available resources and approaches. I support that planning boards, as recommended in the HEARTH act, be established in each locality to design, execute and evaluate programs, policies, and practices to prevent and end homelessness. Existing 10 year plans to end homelessness can serve as the map for these planning boards. The planning boards would be held accountable for outcomes in the plan, forming broader coalitions, assist in obtaining the required cash match and leverage significant collaborations with funders and resources in the community such as United Way, foundations, corporations, etc.

I first came to know Congressman Goeff Davis about 4 years ago (before he was a Congressman) when as a business consultant he offered his professional expertise in assisting us with an innovative idea for expanding employment services for clients and ways for non profits to become self sustaining. A great example of how businesses and others can partner with social service providers for creative solutions for ending homelessness. He continues to work with service providers in his district to address the needs of the homeless populations in our communities.

Thanks to you all for your interest in creative solutions to ending homelessness.

Definition of Homeless

The federal government's definition: *1) an individual who lacks a fixed, regular, and adequate nighttime residence; and 2) an individual who has a primary nighttime residence that is a) a shelter; b) hospital, residential treatment or c) a public or private place not designed for or ordinarily used as, a regular sleeping accommodation for human beings.*